

**APPLICATION DATA SHEET**

Electronic Version v14  
Stylesheet Version v14.0

<b>Title of Invention</b>	APPARATUSES FOR CRIMPING AND LOADING OF INTRALUMINAL MEDICAL DEVICES		
<b>Application Type:</b> regular, utility <b>Attorney Docket Number:</b> S63.2-11023-US01			
<b>Correspondence address:</b> <b>Customer Number:</b> 490 <b>*490*</b>			
<b>Inventors Information:</b>			
<b>Inventor 1:</b>			
<b>Applicant Authority Type:</b>		Inventor	
<b>Citizenship:</b>		US	
<b>Given Name:</b>		Daniel	
<b>Family Name:</b>		Perreault	
<b>City of Residence:</b>		Ham Lake	
<b>State of Residence:</b>		MN	
<b>Country of Residence:</b>		US	
<b>Address-1 of Mailing Address:</b> 4805 168th Lane NE			
<b>Address-2 of Mailing Address:</b>			
<b>City of Mailing Address:</b>		Ham Lake	
<b>State of Mailing Address:</b>		MN	
<b>Postal Code of Mailing Address:</b> 55304			
<b>Country of Mailing Address:</b> US			
<b>Phone:</b>			
<b>Fax:</b>			
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**Inventor 2:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Mark  
**Family Name:** Edin  
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**State of Residence:** MN  
**Country of Residence:** US  
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**City of Mailing Address:** Minneapolis  
**State of Mailing Address:** MN  
**Postal Code of Mailing Address:** 55421  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 3:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Bruce  
**Family Name:** Asmus  
**City of Residence:** Minnetonka  
**State of Residence:** MN  
**Country of Residence:** US  
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**State of Mailing Address:** MN

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**Country of Mailing Address:** US

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**Attorney Information:**

Name	Registration Number
Lisa L. Ryan-Lindquist	43071

**Assignee 1:**

**Organization Name:** Scimed Life Systems, Inc.

**Address-1 of Mailing Address:** One Scimed Place

**Address-2 of Mailing Address:**

**City of Mailing Address:** Maple Grove

**State of Mailing Address:** MN

**Postal Code of Mailing Address:** 55311

**Country of Mailing Address:** US

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